

3731



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application

Inventor(s): James F. Zucherman; Ken Y. Hsu; T. Wade
Fallin and Henry A. Klyce

Appln. No.: 09/684,017

Confirm. No.: 9622

Filed: January 8, 2001

Title: SPINE DISTRACTION IMPLANT AND
METHOD

PATENT APPLICATION

Art Unit: 3731

Examiner: Julian W. Woo

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 25, 2003.

Sheldon R. Meyer, Reg. No. 27,660
Signature Date: September 25, 2003

(Attorney Signature)

RESPONSE TRANSMITTAL LETTER

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TECHNOLOGY CENTER R3700

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

✓ A Response under 37 C.F.R. § 1.111 to the Office Action dated July 1, 2003.

The fee associated with this communication has been calculated as shown below:

- ☒ No fee is required with this communication.
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.
- ☐ A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$___ is due.
- ☐ A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.
- ☐ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity		Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>22</u> -	<u>24</u>	<u>0</u>	X	\$ 9.00	\$ 0.00
				X	\$ 18.00	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>18</u> -	<u>18</u>	<u>0</u>	X	\$ 42.00	\$ 0.00
				X	\$ 84.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	\$140.00	\$ --
				+	\$280.00	
				TOTAL		\$0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ 0.00 and is to be paid as follows:

☐ Please charge Deposit Account No. 06-1325 in the amount of \$____. A duplicate copy of this authorization is enclosed.

☐ A check in the amount of \$_____ is enclosed.

✓

The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date:

9/25/03

By:

Sheldon R. Meyer
Reg. No. 27,660

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